

MODEL STANDING ORDERS

Pneumococcal Conjugate Vaccine 7-Valent (PCV7)

These model standing orders are current as of April 2004. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

PCV7 is recommended for:

- Routine immunization of all children 2 – 23 months of age;
- Children 24 - 59 months of age with the following high risk medical conditions:
 - sickle cell disease
 - functional or anatomic asplenia
 - HIV infection
 - immunosuppression caused by illness, treatment or medication
 - certain chronic medical diseases (e.g., cardiopulmonary disease, cochlear implants, CSF fluid leaks, renal failure, nephrotic syndrome, diabetes, liver disease).

PCV7 should be considered for:

- All children 24 - 59 months of age, with prioritization given to:
 - all children 24 - 35 months of age
 - all children 36 - 59 months of age who are African American, Alaskan Native or Native American
 - all children attending out of home child care (≥ 4 hours per week with ≥ 2 unrelated children)

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions.
2. Screen for contraindications according to Table 1.
3. Administer PCV7 vaccine intramuscularly (IM) according to the recommended schedule (see Tables 2 – 3). **Always check the package insert prior to administration of any vaccine.**
 - a. For infants ≤ 12 months of age, administer into the anterolateral aspect of the thigh with a 7/8- to 1-inch needle. (For newborn and or low birth weight infants only, a 5/8" needle may be considered.)
 - b. For children ≥ 12 months of age, administer into the anterolateral aspect of the thigh or deltoid muscle, using a 7/8- to 1¼-inch needle.
4. Administer PCV7 vaccine simultaneously with all other vaccines indicated.
5. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
6. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967, or via the VAERS website: www.vaers.org.
8. Please see the MIP document, *General Protocols for Standing Orders*, for further recommendations and requirements regarding vaccine administration, documentation, and consent.

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Table 1. Contraindications and Precautions to PCV7

Valid Contraindications to PCV7	Invalid Contraindications (PCV7 should be administered)
Anaphylactic reaction to previous dose of PCV7, latex, or to any other component of the vaccine (see package insert for specific components) ¹	Mild illness with or without low-grade fever
	Local reaction to a previous dose of PCV7
	Non-anaphylactic allergy to any vaccine component
Precautions to PCV7: <ul style="list-style-type: none"> Moderate or severe illness with or without fever (temporary precaution) 	Diarrhea
	Breast feeding
	Current antimicrobial therapy

¹ Persons with a history of anaphylaxis to a vaccine component, but who are at risk for pneumococcal disease, should be referred to a health care provider for evaluation and possible administration of PCV7 vaccine.

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Table 2. Recommended PCV7 Schedule

Dose	Recommended Age	Accelerated Schedule ¹
1	2 months	≥ 6 weeks of age
2	4 months	≥ 1 month after 1 st dose
3	6 months	≥ 1 month after 2 nd dose
4	12-15 months	≥ 2 months after previous dose and ≥ 12 months of age

¹ For children vaccinated at age < 1 year, the minimum interval between doses is 4 weeks. Doses administered at ≥12 months should be at least 8 weeks apart.

Table 3. Recommended Regimens for Pneumococcal Conjugate Vaccine among Children with a Late Start or Lapse in Vaccine Administration

Age at Examination (mos)	Previous Pneumococcal Conjugate Vaccination History	Recommended Schedule ¹
2-6	0 dose	3 doses 2 months apart, 4 th dose at age 12-15 months
	1 dose	2 doses 2 months apart, 4 th dose at 12-15 months
	2 doses	1 dose, 4 th dose at 12-15 months
7-11	0 doses	2 doses 2 months apart, 3 rd dose at 12-15 months
	1 or 2 doses before age 7 months	1 dose at 7-11 months, with another dose at 12-15 months (≥2 months later)
12-23	0 doses	2 doses ≥ 2 months apart
	1 dose before age 12 months	2 doses ≥ 2 months apart
	1 dose at ≥ 12 months	1 dose ≥ 2 months after the most recent dose
	2 or 3 doses before age 12 months	1 dose ≥ 2 months after the most recent dose
24-59		
Healthy Children ²	Any incomplete schedule	Consider 1 dose ≥ 2 months after the most recent dose
High risk ³	< 3 doses	1 dose ≥ 2 months after the most recent dose and another dose ≥ 2 months later
	3 doses	1 dose ≥ 2 months after the most recent dose

¹ For children vaccinated at age < 1 year, the minimum interval between doses is 4 weeks. Doses administered at ≥12 months should be at least 8 weeks apart.

² Providers should consider 1 dose for healthy children aged 24-59 months, with priority to children aged 24-35 months, American Indian/Alaska Native and black children, and those who attend group child care centers.

³ Children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness (including cardiac, pulmonary, diabetes), CSF fluid leak, cochlear implant or immunocompromising conditions or treatments.

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References:

American Academy of Pediatrics. Active and Passive Immunization. Immunization in Special Clinical Circumstances. Pneumococcal Infections. Standards for Child and Adolescent Immunization Practices (Appendix II). In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL. American Academy of Pediatrics 2003: 7-53, 53-66, 66-93, 490-500, 795-798.

CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002; 51 (No. RR-2):1-35.

CDC. Guide to contraindications to vaccinations. U.S. Department of Health and Human Services, September 2003.

CDC. Pneumococcal conjugate vaccine shortage resolved. MMWR 2003;52:446-447.

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CDC. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49 (No.RR-9):1-35.

CDC. Recommended childhood and adolescent immunization schedule - United States, Jan – June 2004. MMWR 2004;53:Q1-Q4.

National Vaccine Advisory Committee. Standards for child and adolescent immunization practices. Pediatrics 2003;112:958-963.

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